

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 06/27/03.

I. DISPUTE

Whether there should be reimbursement for home care for the dates of service 09/05/02 through 12/21/02.

II. RATIONALE

The Requestor billed the Respondent \$1,240.44 for prescriptions and the respondent made no reimbursement.

The carrier denied services per a letter dated 06/03/02 as neither reasonable nor necessary per a peer review dated 06/13/02.

According to rule 134.504(b) a claimant seeking reimbursement, shall submit receipts indicating the amount paid and a copy of the prescription. The claimant submitted a copy of the pharmacy medical expense report indicating the price of the prescriptions but does not indicate what was paid and also did not submit a copy of the prescription for each medication.

Therefore, based on this information reimbursement is not recommended.

III. FINDINGS & DECISION

The above Findings and Decision is hereby issued this 31st day of December 2003.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division